2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2002 8:00 am Secretary of State DOCUMENT # P98000028158 1. Entity Name 05-12-2002 90627 006 ***150.00 HAL-TEC CONSTRUCTION, INC. Principal Place of Business Mailing Address 405 NORTH REO STREET POST OFFICE BOX 20112 SUITE 240 TAMPA FL 33630-9998 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3511166 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUSSNER, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2100** TAMPA FL 33602 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME HALES, ROBERT J NAME STREET ADDRESS 405 NORTH REO STREET, SUITE 240 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME WILMOUTH, JAMES R NAME STREET ADDRESS 405 NORTH REO STREET, STE 240 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED